

# Supplemental SEET Application

U.S. Department of Energy

## Subsidy for Energy Employees' Transit Application

Purpose (circle one): New Enrollment | Recalculation | Org Code Change | Recertification | Address Change | Other

Name: \_\_\_\_\_

(Last) (First) (MI) (SSN)

Home Address: \_\_\_\_\_

(Name/Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Work Address: \_\_\_\_\_

(Program Office) (Routing Symbol) (Phone Number)

Building: (Forrestal, Germantown, etc.): \_\_\_\_\_

**Certification:** I hereby certify that I am employed by the U.S. Department of Energy (DOE) and am not a member of a commuter car pool and am not listed on a workplace parking permit with any Federal agency. I certify that I am eligible for a public transportation fare benefit, and am obtaining it for my personal, commuting use to and/or from work; and will not transfer it to anyone else. I further certify that the monthly transit benefit I am receiving does not exceed my average monthly commuting cost, based on a 20-day month commuting by public transportation.

This certification concerns a matter within the jurisdiction of an agency of the United States and making **false, fictitious, or fraudulent** certification may render the maker subject to a criminal prosecution under Title 18, United States Code, section 1001, and/or agency disciplinary action up to and including removal.

\_\_\_\_\_  
(Applicant's Signature) (Date)

To be completed by Administrative Contact:

Funding Code	Organization Code	Certifying Official's Signature	Date

**Privacy Act Notice:** This information is solicited under the authority of Section 629, Public Law 101-509. Collection of your Social Security Number (SSN) is authorized by Executive Order 9397, and is for identification purposes only. Furnishing your SSN and any of the other information requested on this form is voluntary, but failure to do so may result in disapproval of your request for a public transit fare benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, to prevent misuse of the funds involved, and may be disclosed to the General Accounting Office and representatives of ride-sharing programs such as the Council of Governments. This information may be matched with lists at this and other Federal agencies to ensure that you are not listed as a car pool participant, or the holder of a Federal worksite parking permit at any of these agencies. This information may be further disseminated to individuals seeking to join vanpools or car pools.



## Supplemental SEET Information

TRANSIT COSTS NAME [PRINT] \_\_\_\_\_ TELEPHONE \_\_\_\_\_

1. How do you commute to work?

METRO rail \_\_\_\_\_

METRO bus \_\_\_\_\_

Other bus (company name) \_\_\_\_\_

Van pool (company/driver name, #) \_\_\_\_\_

Other (specify) \_\_\_\_\_

2. What stations or routes do you use?

METRO rail \_\_\_\_\_ METRO

bus \_\_\_\_\_

Van pool \_\_\_\_\_ Other \_\_\_\_\_

3. If you use METRO rail and/or METRO bus, how much does each ONE WAY trip cost?

METRO rail \_\_\_\_\_ METRO bus \_\_\_\_\_

4. If you use Van pool or other transportation, how much is the monthly cost?

Van pool \_\_\_\_\_

Other (specify) \_\_\_\_\_ Please be advised that these costs will be verified